

# KPDES FORM 1

37109

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

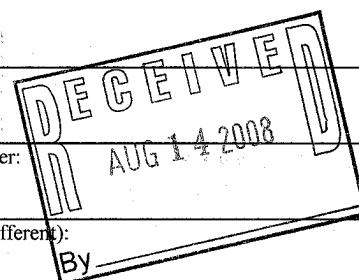
Form A, Form B, Form C, Form F, or Form SG

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00  
OK

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0105040
A. Name of Business, Municipality, Company, Etc. Requesting Permit CONCRETE PRODUCTS INC.			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name:  TANNERY RD.		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>  DAVID G. POORE	
Facility Location Address (i.e. street, road, etc., not P.O. Box):  2510 TANNERY RD.		Mailing Address:  P.O.BOX 1310	
Facility Location City, State, Zip Code:  MIDDLESBORO, KY. 40965		Mailing City, State, Zip Code:  MIDDLESBORO, KY. 40965	
D. Owner's name (if not the same as in part A and C):  DAVID G. POORE		Facility Contact Telephone Number:  (606) 248-0551	
Owner's Mailing Address: P.O.BOX 1310		Owner's Telephone Number (if different): (606) 248-2190	



### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: READY MIX CONCRETE PLANT

<b>B. Standard Industrial Classification (SIC) Code and Description</b>			
Principal SIC Code & Description:	3273		
Other SIC Codes:	N/A		

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: BELL	City where facility is located (if applicable): MIDDLESBORO
C. Body of water receiving discharge: YELLOW CREEK	
D. Facility Site Latitude (degrees, minutes, seconds): 36,37,28	Facility Site Longitude (degrees, minutes, seconds): 83,42,39
E. Method used to obtain latitude & longitude (see instructions): TOPO!	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

N/A

Telephone Number:

N/A

Operator Mailing Address (Street):

N/A

Operator Mailing Address (City, State, Zip Code):

N/A

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

N/A

Certification Number:

N/A

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0105040

Issue Date of Current Permit:

12/19/2002

Expiration Date of Current Permit:

07/31/08

Number of Times Permit Reissued:

0

Date of Original Permit Issuance:

12/19/2002

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	QUALITY LABORATORIES
DMR Official Telephone Number:	(606) 337-5130

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	QUALITY LABORATORIES
DMR Mailing Address:	P.O. BOX 310
DMR Mailing City, State, Zip Code:	PINEVILLE KY. 40977

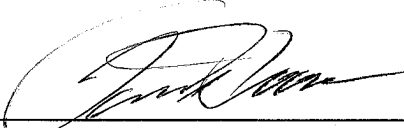
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Small Non-POTW	\$200

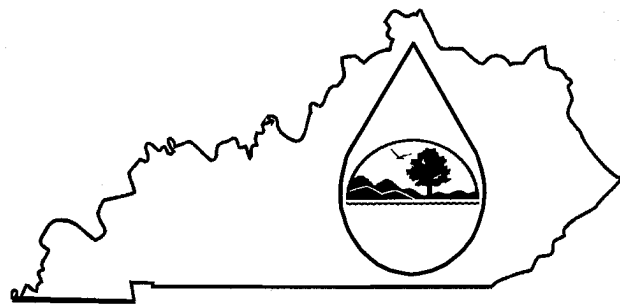
## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>DAVID C. POORE, PRESIDENT</i>	TELEPHONE NUMBER (area code and number): <i>606-248-0551</i>
SIGNATURE 	DATE: <i>8/12/2008</i>

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: CONCRETE PRODUCTS INC.							
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?		DEPENDANT ON RAINFALL AND PRODUCTION					
<b>II. A.</b> Give the basis of design for sizing of the wastewater facility (see instructions): WATERSHED AREA, NUMBER OF TRUCK WASHOUTS PER DAY, HISTORICAL ANALYSIS							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				N/A			

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	37	24	83	42	34	YELLOW CREEK
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				TOPO! USGS topographic map coordinates			

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	STORMWATER	RAINFALL DEPENDANT	VEGETATED AREAS	1-U
	TRUCK WASH	100 GPD	SANDY SOILS	1-U
	TRUCK WASH OUT	700 GPD	SEDIMENTATION	1-U
	PLANT WATER	20 GPD	SANDY SOILS	1-U

**V. Check the type(s) of wastewater discharged.**

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
 ☐ Noncontact cooling water
 ☒ Other (list): WASH WATER AND STORMWATER

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment      Name of lake: N/A  
☐ Publicly-owned treatment works (POTW).      Name of POTW: N/A  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	N/A	N/A
Give average duration of bypass	N/A	N/A
Give average volume per incident	N/A	N/A
Give reason why bypass occurs:	N/A	

**B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)**

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	N/A	N/A
Give average duration of overflow:	N/A	N/A
Give average volume per incident:	N/A	N/A

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	N/A
Give the average volume per discharge occurrence	N/A
Give the average duration of each discharge	N/A
List month(s) when the discharge occurs	N/A

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
N/A	N/A
<b>TOTAL POPULATION SERVED</b>	N/A

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

**XII. EFFLUENT CHARACTERISTICS**

A. Indicate results of analysis for pollutants listed below.

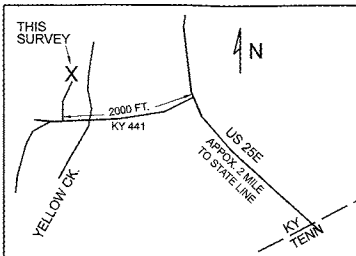
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>David G. Pore, President</i>		TELEPHONE NUMBER (area code and number): <i>606-245-0551</i>
SIGNATURE <i>David Pore</i>		DATE <i>8/12/2005</i>

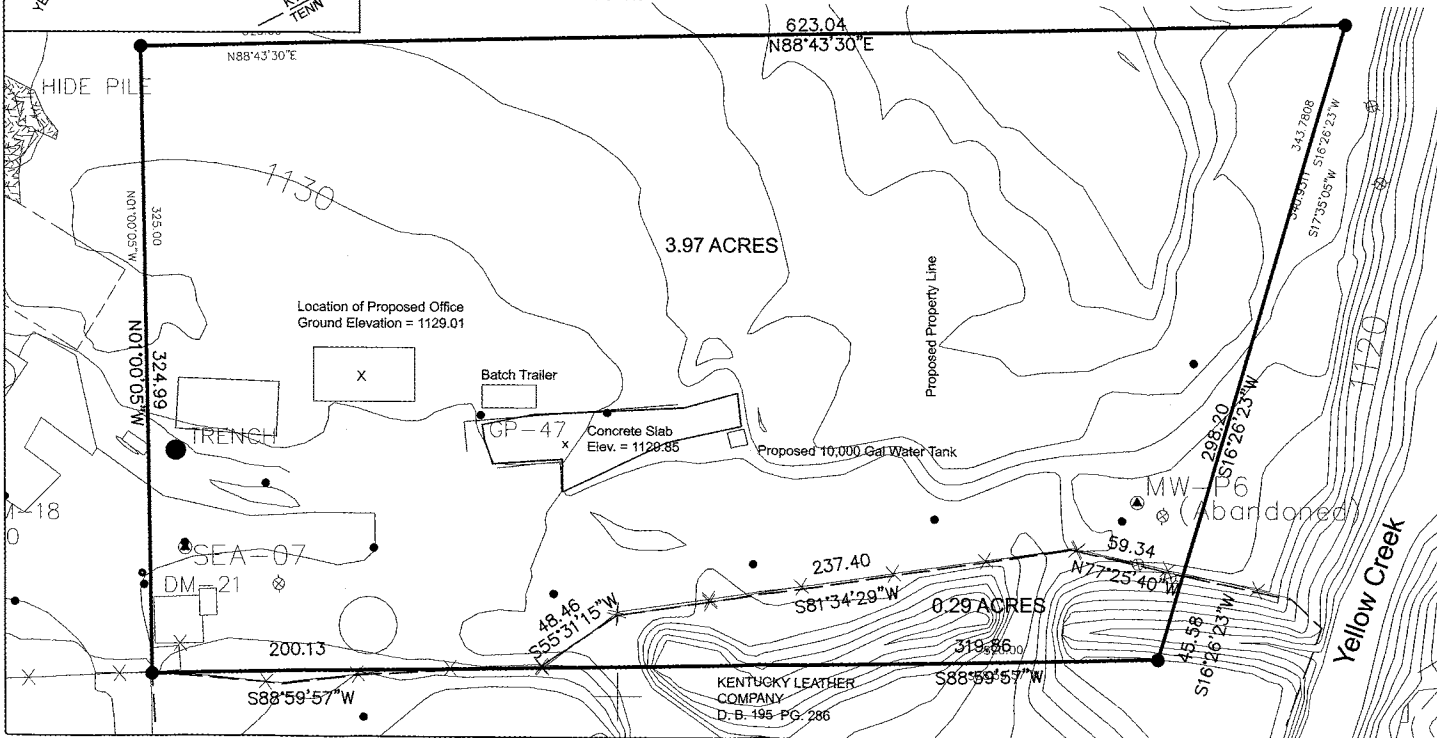


- IRON PIN AND CAP SET
- X-----X FENCE LINE
- PROPERTY LINE
- - - - - TRACT LINE

All Corner Markers set are a 1/2" Dia x 18" Long Steel Pin with a 1" yellow plastic cap stamped "KY 3454 TN 2144" unless otherwise noted. The survey was conducted by random traverse with side shots. The unadjusted closure on the traverses was 1:325,000. The traverse was not adjusted for closure. Bearings and distances shown are based on Magnetic bearing taken the date of the survey. The land that is the subject of this survey meets the requirements of a Class "A" classification.

ROBERT W. ANDERSON (TRUSTEE)  
MIDDLESBORO TANNING COMPANY  
D.B. 172 PG. 443

SCALE: 1" = 50'



NO.	DATE	REVISION

CONCRETE PRODUCTS INC.

SUBDIVISION BOUNDARY SURVEY OF THE  
MIDDLESBORO TANNING PROPERTY  
FOR CONCRETE PRODUCTS INC.  
MIDDLESBORO KENTUCKY



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DESIGN: BWP	BOUNDARY SURVEY
CHECKED: DMW	Per
JOB NO.: 1000-11	CONCRETE PRODUCTS INC.
SHEET: 1 OF 1	
DATE: JULY 2008	
FILE NAME: FINAL PLAT	
DRAWING: TNC	



CONCRETE PRODUCTS INC.

MIDDLESBORO

CONCRETE PRODUCTS INC.

SCALE 1" = 1000'

**V&M**

**Vaughn & Melton**

Consulting Engineers (Kentucky), Inc.  
109 S. 24th Street  
Middlesboro, Kentucky 40965